

Stuart D. Trachy (Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 26 2017

NEW HAMPSHIRE ATE

PLEASE PR	INT		NEW HAMPSHIRI DEPARTMENT OF ST
I. Name of Lobbyist(s) Stuart [), Trachy		
II. Name of lobbyist's partnership	, firm or corporation, if a	ny:	
(Name of partners)	ip, firm or corporation)		
Two Eagle Square	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822	email strachy@aol.com (Fax)		
(Telephone)	(Fax)		
III. This statement covers: (Choos reportable expense transactions w			lile a separate report for
All reportable transactions occu	rring in the month prior to	the reporting date relative to the fo	ollowing client:
<u>OR</u>	Name of Client as it appears	on the Lobbyist Registration For bbyist's family), or the lobbying	
IV. Date of Report April 26, 2	017	July 26, 2017	
Reports cover: activity from date of	f fegistr <u>at</u> ion to 3/31/17	activity from 4/1/17 to 6/30/17	
October 25 activity from 7/1	, <u> </u>	January 31, 2018	/17
If you have paid an honora	this form and submit it to the sattached: or made expenditures, you ruium or reimbursed expens	e Secretary of State's Office, State nust file Addendum A—Fees and es, you must file Addendum B—	Expenses Report of Honorariums or
If you, your firm, or your	family has made political co	ontributions, you must file Adden	dum C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and belief	RSA 664 and hereby swear		
Shunt V.V.	rashy	7/13/1	7_
(Signature of lobbyist)	J	/ /Date)	